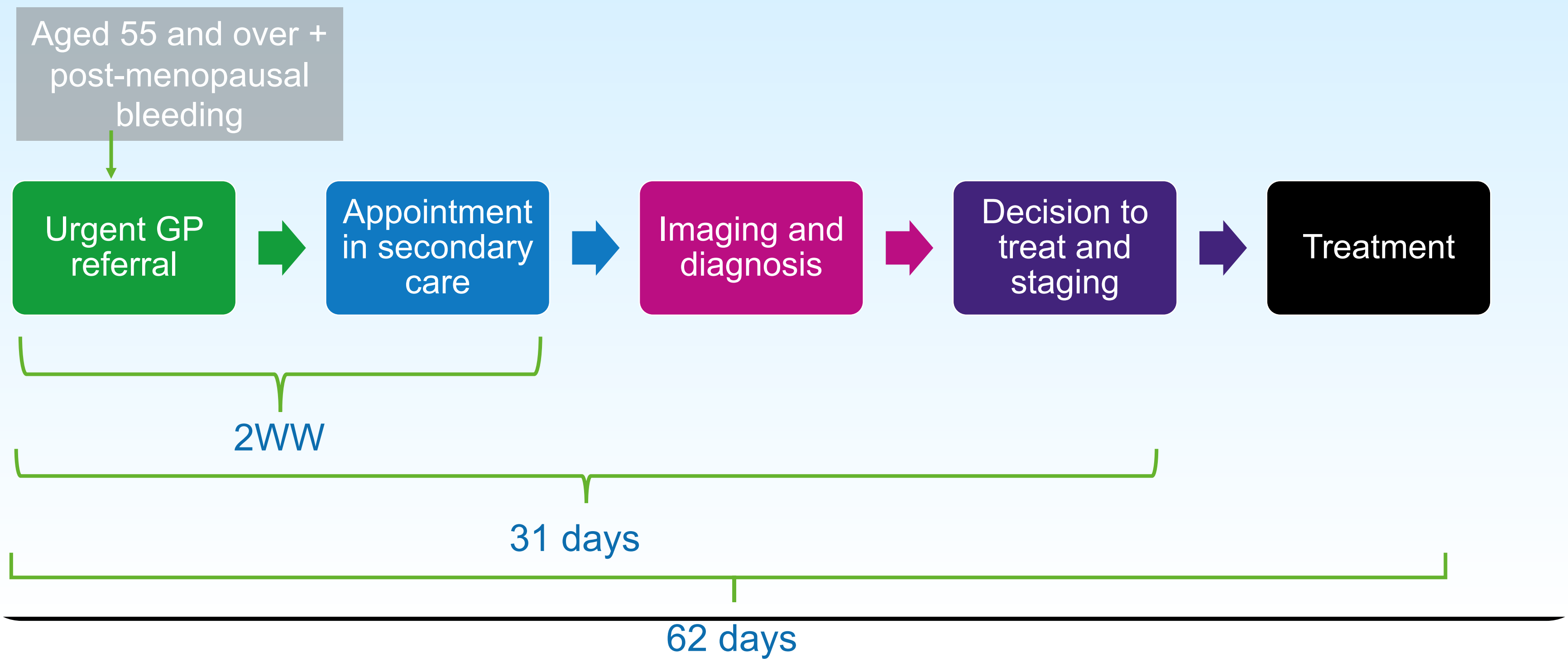


INTRODUCTION

Endometrial cancer is the most common gynaecological cancer affecting women in the UK. During and after the COVID-19 pandemic it has been challenging for local trusts to meet national targets, including for cancer services. We wanted to ascertain if our West London Trust was meeting national targets under the ‘two week wait’ pathway, and for both diagnosis of endometrial cancer and subsequent treatment from the initial referral by a general practitioner (31 and 62 days respectively). We aimed to identify common reasons for delays in order to streamline the patient journey. As a secondary objective, we additionally wanted to assess the percentage of patients receiving a pre-treatment staging MRI.

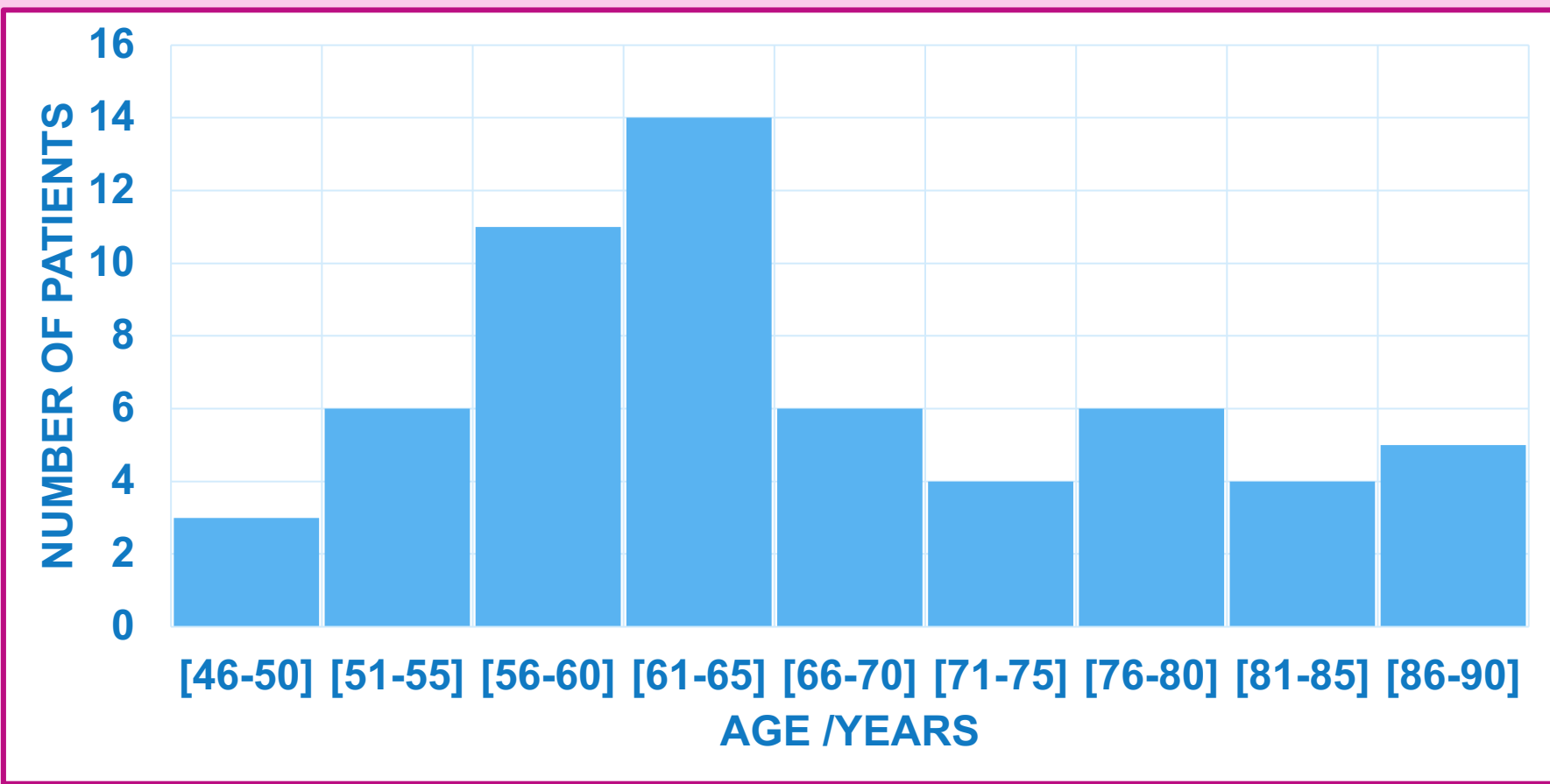


METHOD

Design	Patient case notes were retrospectively reviewed, data was extracted and subsequently analysed.
Method	The Somerset Cancer Register was used to obtain details of any patients in a West London trust split across two sites, who were diagnosed with endometrial cancer as per diagnostic codes CX55X, C549, C541, between 1 st January 2021 and 31 st December 2021. The relevant clinical data was manually extracted from the patients' record retrospectively, using an electronic patient record system, which included dates and results of imaging and multidisciplinary team decision to treat.
Data Collection and Analysis	Data was collated in Microsoft Excel and any statistical analysis was carried out using a two-tailed T-Test.

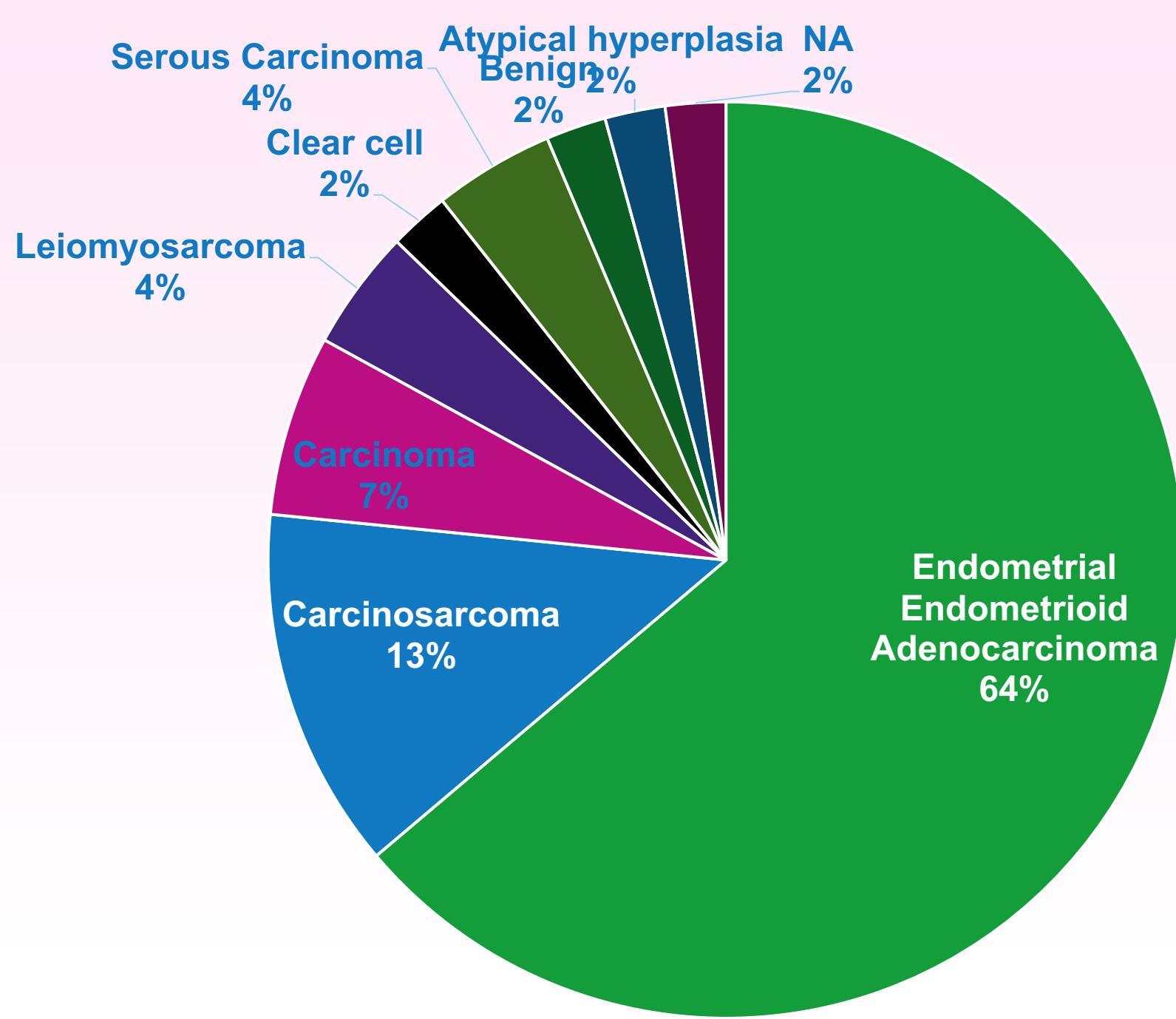
RESULTS

Patient Demographics

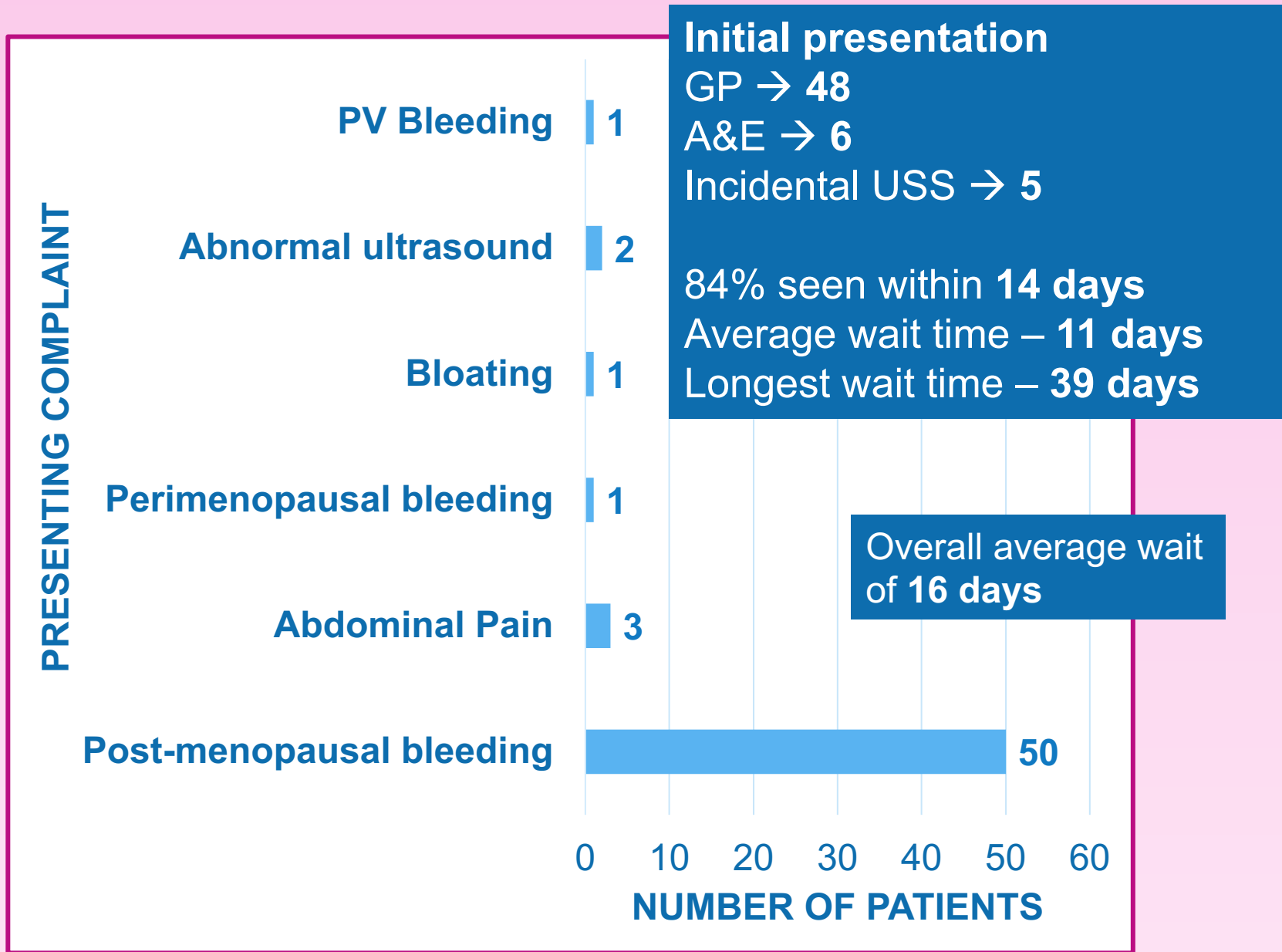


- 59 patients were included
- 4 patients died within the study period
- Mean age of 65 ± 11
- Age ranges from 49-87 years of age

Histological Outcomes



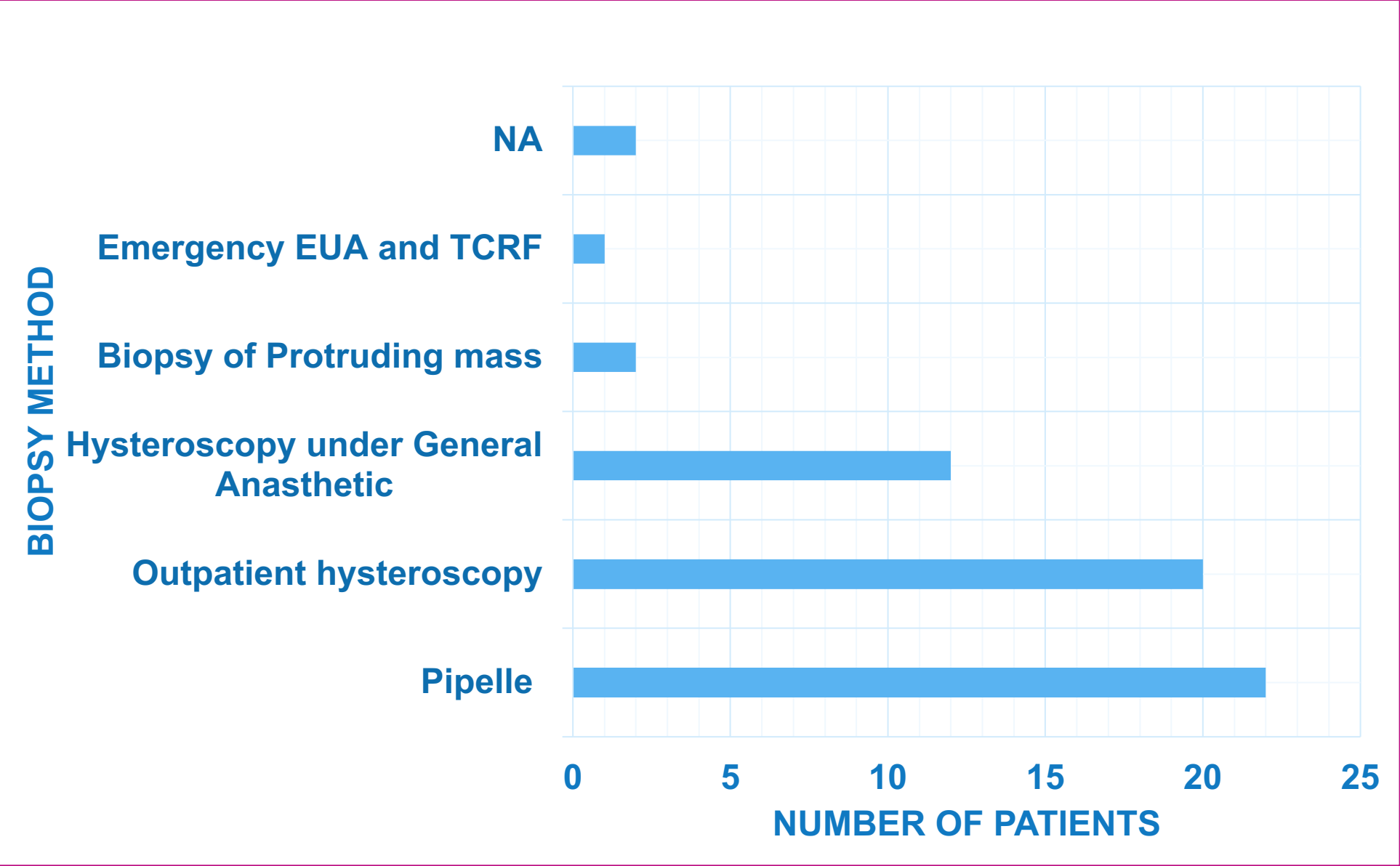
2-Week-Wait Referral



31-Day and 62-Day Targets

- 8% of patients (n=5) did not have a pre-treatment MDT
- It took an average of 34 days from the RAC to have a pre-treatment MDT
- It took an average of 45 days from the MDT to treatment
- Where surgery was the definitive treatment, 85% of patients were treated within 31 days
- Delays longer than 100 days were considered anomalous
- When excluding these patients, the average was 27 days

Time to Biopsy from Rapid Access Clinic (RAC):



Time from RAC to biopsy /days		
Average	Longest	

37 days prior

0 0

22 113

17 31

25 365

Staging MRI

- 48 patients (81%) received MRI staging
- 2 patients received CT staging rather than MRI
- 9 patients had no staging imaging

Grade	Number of patients	Stage	Number of patients
1	36	1A	33
2	5	1B	12
3	8	2	1
4	1	3	2
NA	9	4	4
		NA	5

CONCLUSIONS

The time taken from the decision to treat to carrying out treatment was the source of the greatest delay, followed by the time taken from the rapid access gynaecology clinic to an MDT decision to treat being made. Reasons for delays longer than 100 days were recorded in patient documentation as **complicated disease, co-morbidities, inconclusive investigation results, management under several teams, patient did-not-attend, and refusal of treatment**. Better communication within the MDT would resolve these delays and improve targets met within the trust.

DISCUSSION

Many cancers types experienced a delay in the 2-week-wait pathway as a result of the COVID-19 pandemic. During this time, a reduction in patient attendance to clinic appointments would be expected; particularly with an increase in telephone appointments and a reluctance to attend face-to-face clinics in lockdown periods. It is vital that cancer services are continually evaluated continue to assess where delays may occur and rectified swiftly. Our trust has established overflow weekend clinics to reduce the backlog of post-pandemic patients, which appears to have helped to maintain two week wait targets. However, significant delays remain particularly in treatment targets. Further work in our trust will include investigation of theatre delays, in order to optimise theatre lists and reduce waiting times. We have now included MRI as a routine discussion point in our MDTs. We plan to re-audit in one year's time.